

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

SUMMONS IN A CIVIL CASE

Wesley Johnson, Jr., Plaintiff

V.

Richard Cornforth, Aurora Police Department, Tracie
Newton, Illinois Department of State Police, Illinois
Department of Corrections, and UNKNOWN JOHN
DOES 1-25, Defendants.

CASE NUMBER: 3:15-cv-50294

ASSIGNED JUDGE: Philip G. Reinhard

DESIGNATED
MAGISTRATE JUDGE: Iain Johnston

TO: (Name and address of Defendant)

Aurora Police Department
1200 East Indian Trail
Aurora, Illinois 60507

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Gregory E. Ostfeld
GREENBERG TRAURIG, LLP
77 West Wacker Drive - Suite 3100
Chicago, IL 60601

an answer to the complaint which is herewith served upon you, 21 days after service of this
summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for
the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable
period of time after service.

THOMAS G. BRUTON, CLERK



(By) DEPUTY CLERK



November 14, 2017

DATE

AO 440 (Rev. 05/00) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>11-14-17</u>	
NAME OF SERVER (<i>PRINT</i>) Janell M. Kelley	TITLE Legal Assistant	
<i>Check one box below to indicate appropriate method of service</i>		
<input type="checkbox"/> Served personally upon the defendant. Place where served: _____ _____		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____		
<input type="checkbox"/> Returned unexecuted: _____ _____		
<input type="checkbox"/> Other (specify): <u>Sent via certified mail on November 14, 2017. Return receipt requested.</u> <u>Article number 7015 0640 0004 7830 9929. Certified mail receipt and returned</u> <u>signature card is attached.</u>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
DECLARATION OF SERVER		
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.		
Executed on <u>1-23-18</u> <u>Janell M. Kelley</u> <div style="display: flex; justify-content: space-around; width: 100%;"> Date Signature of Server </div>		
<u>77 West Wacker Drive - Ste. 3100 - Chicago, IL 60601</u> Address of Server		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

Keller

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☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$


Postage
 \$ 1.61

Total Postage and Fees
 \$ 7.71

Sent to
Aurora Police Department
1209 East Indian Trail
Aurora, Illinois 60507

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark
Here

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete Items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">Aurora Police Department 1200 Indian Trail Aurora, IL 60507</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) HAYEVSKY</p> <p>C. Date of Delivery 11.15.17</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p style="text-align: center;">  9590 9401 0096 5168 0102 56 </p> <p>2. Article Number (Transfer from service label) 7015 0640 0004 7830 9929</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt